

# Oral Health

Oral health is an essential part of good general health. Oral health diseases, which range from decay to cancer, can cause pain and disability but they are also preventable. Tooth decay is the single most common chronic disease of childhood, five times more common than asthma.<sup>1</sup>

## Access to Dental Services

### Demographics:

**Table 38: Saw dentist in past year for check up, cleaning or other dental issue**

	WA % (95% CI)
<b>Grade (p=0.6)</b>	
Grade 8	<b>72.2</b> (69.4,74.8)
Grade 10	<b>74.1</b> (71.4,76.6)
Grade 12	<b>73.3</b> (70.6,75.9)
<b>Gender (10<sup>th</sup> grade) (p=0.002)</b>	
Male	<b>72.1</b> (68.5,75.3)
Female	<b>75.9</b> (73.3,78.3)
<b>Race/ Ethnicity (10<sup>th</sup> grade) (p&lt;0.001)</b>	
White	<b>77.9</b> (75.5,80.1)
Black	<b>56.9</b> (50.3,63.3)
American Indian /AN	<b>65.2</b> (54.5,74.5)
Asian	<b>73.4</b> (64.8,80.6)
Hispanic	<b>59.4</b> (54.4,64.2)
Hawaiian/ Pacific Islander	<b>60.7</b> (48.2,71.9)
Other	<b>67.4</b> (59.4,74.5)
More than One Race	<b>76.2</b> (69.7,81.6)
<b>Disability – 10<sup>th</sup> grade (p &lt; 0.001)</b>	
Disability	<b>66.7</b> (62.5,70.7)
No disability	<b>76.4</b> (73.6,78.9)
<b>Rural Urban Residence (10th grade) (p=0.004)</b>	
Urban Core	<b>75.7</b> (72.1,79.1)
Urban Rural Fringe	<b>72.2</b> (68.8,75.5)
Large Town	<b>73.2</b> (69.5,76.6)
Small Town / Isolated Rural	<b>64.9</b> (59.3,70.1)

Source: Washington Healthy Youth Survey 2004

**Trend:** The 2004 HYS data on use of preventive dental services are consistent with data from previous years. In 1999 and 2002, about 7 in 10 Washington students reported they saw a dentist in the past year.

**U.S. Prevalence:** National survey data for this question are not available. However, in a 2003 survey of parents, about 90% of parents of youth ages 12-17 reported their teen had a preventive dental care visit in the past year.

<sup>1</sup> Edelstein B, Douglass C. Dispelling the cavity free myth. Public Health Reports 1995, 110:522-30.

**Disparities:**

- **Gender:** Females are significantly more likely than males to report a dental visit in the past year ( $p=0.002$ ) (Table 38).
- **Race/ ethnicity:** There were significant differences in reports of seeing a dentist in the past year by race/ethnicity ( $p < 0.001$ ) (Table 38). See technical notes on p values and confidence intervals for further use of the data in Table 38.
- **Disability:** Youth without a disability are significantly more likely to report a dental visit in the past year compared to youth with a disability ( $p<0.001$ ) (Table 38).
- **Rural-Urban Residence:** Youth in Small Town Rural areas of the state were less likely to report seeing a dentist in the past year compared to youths in more urban areas of the state ( $p=0.004$ ) (Table 38).

**Background:**

- **Related Healthy People 2010 objectives** are to increase the proportion of low-income youth who received a dental service in the past 12 months to 57% and to reduce the proportion of 15 year olds with dental caries in their permanent teeth to no more than 51%.
- In a 2003 survey of Washington parents of adolescents ages 12-17, about 70 % reported that their children's oral health was excellent or very good (64% for parents of a child with a special health care need compared to 71% for parents of a child without a special health care need).<sup>2</sup>
- **Dental Caries:** According to the 2000 Surgeon General's report on Oral Health in America: 78% of 17 year-olds nationally have at least one decay or filling.<sup>3</sup> According to a national survey (1988-1994), about 18% of U.S. teens ages 12-15 have *untreated* dental decay and about 4% have decayed, missing, and filled surfaces in permanent teeth.<sup>4</sup> Poor adolescents ages 12 to 17 in each racial/ethnic group have a higher percentage of untreated decayed permanent teeth than the corresponding non poor adolescent group.
- **Oral Cancer:** Oral cancer, cancer of the mouth or lips, affects about 30,000 Americans each year. Oral cancer has one of the lowest five-year survival rates of all cancers and is associated with tobacco and alcohol use. White patches in the mouth, which can be early signs of cancer, have been found in teenagers who use smokeless tobacco.
- **Smokeless tobacco use:** In 2004, about 3% of Washington 8<sup>th</sup> graders, 5% of 10<sup>th</sup> graders, and 8% of 12<sup>th</sup> graders reported they used chewing tobacco, snuff, or dip in the past 30 days.
- **Fluoride:** Fluoride is one of the best ways to prevent tooth decay. Fluoride is most effective when added to drinking water, but it is also used in toothpaste and supplements. About 59% of the Washington State population has access to optimally fluoridated water through public water systems. The **Healthy People 2010 goal** is to increase the proportion of the US population served by community water systems with optimally fluoridated water to 75%.

**See Services Section on Oral Health Services**

<sup>2</sup> National Survey of Children's Health, Health Resources and Services Administration and National Center for Health Statistics, 2003.

<sup>3</sup> Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000, Page 2.

<sup>4</sup> Oral Health U. S., 2002. Data from NHANES 1987-1994. National Center for Health Statistics, Centers for Disease Control and Prevention. Url: <http://drc.nidcr.nih.gov/report/images/OralHealthfigures.pdf>